

United States Bankruptcy Court for the:

District of New Jersey

Case number (if known): _____

Chapter you are filing under:

- ☐ Chapter 7
☒ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an
amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Hearing Associates LLC

2. All other names debtor used in the last 8 years Associates In Hearing HealthCare

Include any assumed names,
trade names, and *doing business*
as names

3. Debtor's federal Employer Identification Number (EIN) 83-2039771

4. Debtor's address

Principal place of business

502 Sheppard Rd

Number Street

Voorhees NJ 08043

City State ZIP Code

Camden County

County

Mailing address, if different from principal place
of business

17 Acorn Hill Drive

Number Street

P.O. Box

Voorhees NJ 08043

City State ZIP Code

Location of principal assets, if different from
principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL) ears4you.com

6. Type of debtor

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify: _____

Debtor Hearing Associates LLC Case number (if known) _____
Name

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.

See <http://www.naics.com/search/>.

446199

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
☐ Chapter 9
☒ Chapter 11. Check all that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☒ No

☐ Yes. Debtor _____ Relationship _____
District _____ When _____
MM / DD / YYYY
Case number, if known _____

List all cases. If more than 1, attach a separate list.

Debtor Hearing Associates LLC Case number (if known) _____
 Name _____

11. Why is the case filed in *this* district?

Check all that apply:

- ☐ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? *(Check all that apply.)*

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
 What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____

Where is the property?

Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency _____
- Contact name _____
- Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated assets

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor Hearing Associates LLC
Name

Case number (if known)

16. Estimated liabilities

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/15/2023
MM / DD / YYYY

X /s/ Jonathan S. Ayes

Signature of authorized representative of debtor

Jonathan S. Ayes

Printed name

Title Owner

18. Signature of attorney

X /s/ Robert Johnson

Signature of attorney for debtor

Date 08/15/2023

MM / DD / YYYY

Robert Johnson

Printed name

ROBERT H JOHNSON LLC

Firm name

1818 Old Cuthbert Road Suite 107

Number Street

CHERRY HILL

City

NJ

State

08034

ZIP Code

(856) 298-9328

Contact phone

rjohnson@rhjlaw.com

Email address

NJ - 0077

Bar number

NJ

State

Fill in this information to identify the case:

Debtor name Hearing Associates LLC

United States Bankruptcy Court for the: District of New Jersey (State)

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>563,790.00</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>563,790.00</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>1,800,000.00</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 6a of <i>Schedule E/F</i>	\$ <u>0.00</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 6b of <i>Schedule E/F</i>	+\$ <u>3,403,637.17</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>5,203,637.17</u>

Fill in this information to identify the case:

Debtor name Hearing Associates LLC

United States Bankruptcy Court for the: District of New Jersey

Case number (If known): _____

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Cq Partners Po Box 347996 Pittsburgh, PA, 15251		Suppliers or Vendors				715,558.93
2	U.S. Small Business Administration 409 3rd St, Sw Washington, DC, 20416		Sba Loan				500,000.00
3	Corporate Turnaround 95 State Route 17 Paramus, NJ, 07652		Promised to help pay creditors				484,185.00
4	Jonathan S. Ayes 17 Acorn Hill Drive Voorhees, NJ, 08043		Monies Loaned / Advanced				472,273.00
5	Roc Funding Group c/o Heitner & Breitstein 198 US 9 , Suite 207 Manalpan, NJ, 07726		Monies Loaned / Advanced				228,034.04
6	Elevation Capital Group c/o Aubrey Thrasher 12 Powder Spring Street, Suite 240 Marietta , GA, 30064		Monies Loaned / Advanced				187,050.00
7	World Bank Of Israel 150 Clearbrook Rd, Suite 125 Elmsford, AK, 10523		Mortgage				111,186.49
8	Andrea Ayes 17 Acorn Hill Drive Voorhees, NJ, 08043		Monies Loaned / Advanced				93,487.00

Debtor Hearing Associates LLC Case number (if known) _____
Name

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	Lg Funding c/o Joe Lieberman Po Box 356 Cederhurst, NY, 11516		Monies Loaned / Advanced				70,186.01
10	Pnc (Loc) Po Box 747032 Pittsburgh, PA, 15274		Unsecured Loan Repayments				51,212.90
11	New Co Capital Group c/o Ariel Bouskila 80 Broad Street, Suite 3303 New York, NY, 10004		Monies Loaned / Advanced				44,404.50
12	Parkview Advance c/o Erica Gilerman 515 Madison Ave, Suite 8108 New York, NY, 10022		Monies Loaned / Advanced				37,899.03
13	Chase Sapphire Po Box 1423 Charlotte, NC, 28201		Credit Card Debt				34,057.12
14	American Airlines Visa Citi Cards Po Box 9001037 Louisville, KY, 40290		Credit Card Debt				30,426.73
15	Lethbridge Properties 600 N. Atlantic Ave Unit 205 Collingswood, NJ, 08108		Rent To Previous Landlord				29,000.00
16	Pnc (Construction Loan) Po Box 747066 Pittsburgh, PA, 15274		Construction Loan				28,759.08
17	Toyota Visa Po Box 650964 Dallas , TX, 75265		Credit Card Debt				27,743.25
18	Audacy 2400 Market Street 4th Floor Philadelphia , PA, 19103		Suppliers or Vendors				27,453.69
19	Marriott Bonvoy Po Box 1423 Charlotte, NC, 28201		Credit Card Debt				26,681.30
20	5 G Funding c/o The Law Office Of Tara Pomarelli 30 Wall Street, 8th Floor New York, NY, 10005		Collection Agency				24,940.74

Fill in this information to identify the case:Debtor name Hearing Associates LLCUnited States Bankruptcy Court for the: District of New Jersey

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**\$ 0.00**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Columbia BankChecking3 5 6 6\$ 2,500.003.2. First Harvest Credit UnionChecking1 0 1 0\$ 125.00**4. Other cash equivalents (Identify all)**

4.1. _____ \$ _____

4.2. _____ \$ _____

5. Total of Part 1\$ 2,625.00

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. _____ \$ _____

7.2. _____ \$ _____

Debtor

Hearing Associates LLC
Name

Document Page 9 of 55 Case number (if known)

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____

8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ _____

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**☒ No. Go to Part 4.☐ Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**11a. 90 days old or less: _____ - _____ = →
face amount doubtful or uncollectible accounts \$ _____11b. Over 90 days old: _____ - _____ = →
face amount doubtful or uncollectible accounts \$ _____**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ _____

Part 4: Investments**13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____

14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____

15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____

16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Debtor

Hearing Associates LLC

Document Page 10 of 55

Name

Case number (if known)

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials Batteries	MM / DD / YYYY	500.00 \$		175.00 \$
20. Work in progress	MM / DD / YYYY	\$		\$
21. Finished goods, including goods held for resale Hearing Aid Chargers	MM / DD / YYYY	3,500.00 \$		3,500.00 \$
22. Other inventory or supplies	MM / DD / YYYY	\$		\$
23. Total of Part 5 Add lines 19 through 22. Copy the total to line 84.				\$ 24,675.00

24. Is any of the property listed in Part 5 perishable?

- ☐ No
- ☒ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☒ Yes. Book value 500.00 Valuation method Current value 175.00

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested	\$		\$
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish	\$		\$
30. Farm machinery and equipment (Other than titled motor vehicles)	\$		\$
31. Farm and fishing supplies, chemicals, and feed	\$		\$
32. Other farming and fishing-related property not already listed in Part 6	\$		\$

Debtor

Hearing Associates LLC

Document Page 11 of 55

Case number (if known)

Name

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. **Is the debtor a member of an agricultural cooperative?**☐ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____36. **Is a depreciation schedule available for any of the property listed in Part 6?**☐ No☐ Yes37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**☐ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture 25 Desk/ Waiting Room Chairs	\$ 500.00		\$ 1,200.00
40. Office fixtures	\$ _____		\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software 4 Audiology Booths	\$ 20,000.00		\$ 7,000.00
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____		\$ _____
42.2 _____	\$ _____		\$ _____
42.3 _____	\$ _____		\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 12,700.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**☐ No☒ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor

Hearing Associates LLC

Document Page 12 of 55

Case number (if known)

Name

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
49. Aircraft and accessories			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
	\$ _____	_____	\$ _____
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ _____

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
- ☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Debtor

Hearing Associates LLC

Document Page 13 of 55

Case number (if known)

Name

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
- ☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1		\$ _____	_____	\$ _____
55.2		\$ _____	_____	\$ _____
55.3		\$ _____	_____	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ _____

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____	_____	\$ _____
61. Internet domain names and websites	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations Patient Database	0.00 \$ _____	_____	150,000.00 \$ _____
64. Other intangibles, or intellectual property	\$ _____	_____	\$ _____
65. Goodwill Goodwill	0.00 \$ _____	_____	373,790.00 \$ _____
66. Total of Part 10.			\$ 523,790.00

Add lines 60 through 65. Copy the total to line 89.

Debtor

Hearing Associates LLC

Document Page 14 of 55

Case number (if known)

Name

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
☒ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No
☒ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

**Current value of
debtor's interest**

71. Notes receivable

Description (include name of obligor)

_____ — _____ = → \$ _____
Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

_____ \$ _____

_____ \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Debtor

Hearing Associates LLC

Document Page 15 of 55

Case number (if known)

Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 2,625.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 24,675.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 12,700.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 0.00	
88. Real property. <i>Copy line 56, Part 9.</i> ➔		\$ 0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 523,790.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 563,790.00	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. 563,790.00		\$ 563,790.00

Fill in this information to identify the case:

Debtor name Hearing Associates LLCUnited States Bankruptcy Court for the: District of New Jersey

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

2.1 Creditor's name

Oticon Inc

Describe debtor's property that is subject to a lien

\$ 1,800,000.00\$ Undetermined

Creditor's mailing address

580 Howard AvePo Bx 6724, Somerset, NJ 08875

Creditor's email address, if known

Date debt was incurred 11/27/2018Last 4 digits of account number 3347

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor,

Describe the lien

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☐ No
- ☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

2.2 Creditor's name

Describe debtor's property that is subject to a lien

\$ _____ \$ _____

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

- ☐ No
- ☐ Yes. Have you already specified the relative priority?
- ☐ No. Specify each creditor, including this creditor, and its relative priority.

- ☐ Yes. The relative priority of creditors is specified on lines _____

Describe the lien

Is the creditor an insider or related party?

- ☐ No
- ☐ Yes

Is anyone else liable on this claim?

- ☐ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ 1,800,000.00

Case number (if known).

Fill in this information to identify the case:

Debtor Hearing Associates LLC

United States Bankruptcy Court for the: District of New Jersey

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

Internal Revenue Service
P.O. Box 7346
Philadelphia, PA, 19101-7346

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is: \$ Unknown

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Taxes & Other Government Units

Total claim

Priority amount

\$ _____

2.2 Priority creditor's name and mailing address

State Of New Jersey
Department Of Labor
PO Box 951
Trenton, NJ, 08625-0000

Date or dates debt was incurred
2023

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is: \$ Undetermined

Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Taxes & Other Government Units

\$ _____

\$ _____

2.3 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

Is the claim subject to offset?

- ☐ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address 5 G Funding c/o The Law Office Of Tara Pomarelli 30 Wall Street, 8th Floor New York, NY, 10005 Date or dates debt was incurred <u>04/04/2022</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Collection Agency Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>24,940.74</u>
3.2	Nonpriority creditor's name and mailing address Ad Corp Media Group 505 White Plans Road Suite 218 Tarrytown, NY, 10591 Date or dates debt was incurred <u>12/01/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>6,444.88</u>
3.3	Nonpriority creditor's name and mailing address Advocate Arthritis Osteoporosis & Rheumatology Associates 513 Centennial Blvd. Voorhees, NJ, 08043 Date or dates debt was incurred <u>04/03/2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>3,021.75</u>
3.4	Nonpriority creditor's name and mailing address All In Marketing 169 Country Club Drive Lumberton, NJ, 08048 Date or dates debt was incurred <u>12/01/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>1,759.80</u>
3.5	Nonpriority creditor's name and mailing address American Airlines Po Box 70602 Philadelphia, PA, 19176 Date or dates debt was incurred <u>09/01/2022</u> Last 4 digits of account number <u>2468</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>1,871.00</u>
3.6	Nonpriority creditor's name and mailing address American Airlines Visa Citi Cards Po Box 9001037 Louisville, KY, 40290 Date or dates debt was incurred _____ Last 4 digits of account number <u>1215</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>30,426.73</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <u>7</u>	Nonpriority creditor's name and mailing address Andrea Ayes 17 Acorn Hill Drive Voorhees, NJ, 08043	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 93,487.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Monies Loaned / Advanced Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <u>8</u>	Nonpriority creditor's name and mailing address Audacy 2400 Market Street 4th Floor Philadelphia , PA, 19103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 27,453.69
	Date or dates debt was incurred <u>12/01/2019</u> Last 4 digits of account number _____	Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <u>9</u>	Nonpriority creditor's name and mailing address Avion Funding c/o David Fogel 1225 Franklin Ave, Suite 522 Garden City, NY, 11530	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 14,785.75
	Date or dates debt was incurred <u>02/15/2022</u> Last 4 digits of account number _____	Basis for the claim: Monies Loaned / Advanced Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <u>10</u>	Nonpriority creditor's name and mailing address Bank Of America Po Box 15019 Wilmington, DE, 19886	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,020.57
	Date or dates debt was incurred <u>12/01/2018</u> Last 4 digits of account number <u>9401</u>	Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <u>11</u>	Nonpriority creditor's name and mailing address Basha Rainbow (Rainbow Advance) 3440 Hollywood Blvd Suite 415 Hollywood, FL, 33021	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 19,964.43
	Date or dates debt was incurred <u>06/10/2022</u> Last 4 digits of account number _____	Basis for the claim: Monies Loaned / Advanced Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹²	Nonpriority creditor's name and mailing address Best Buy Po Box 70601 Philadelphia, PA, 19176	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 4,220.96
	Date or dates debt was incurred <u>12/01/2018</u> Last 4 digits of account number <u>3935</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹³	Nonpriority creditor's name and mailing address Best Version Media (Transworld System Inc) Po Box 505 Brookfield, WI, 53008	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 3,000.00
	Date or dates debt was incurred <u>12/01/2018</u> Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁴	Nonpriority creditor's name and mailing address Capital One Spark (Green) Po Box 4069 Carol Stream , IL, 60197	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 4,168.22
	Date or dates debt was incurred <u>12/01/2018</u> Last 4 digits of account number <u>7252</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁵	Nonpriority creditor's name and mailing address Capital One Spark (Blue) Po Box 4069 Carol Stream , IL, 60197	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 7,035.64
	Date or dates debt was incurred <u>12/01/2018</u> Last 4 digits of account number <u>2709</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁶	Nonpriority creditor's name and mailing address Cash By You c/o Kershner Sledziewski Law 200 N. La Salle Street, Suite 1550 Chicago, IL, 60601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Collection Agency	\$ 8,750.00
	Date or dates debt was incurred <u>05/16/2022</u> Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<p>3. ¹⁷ Nonpriority creditor's name and mailing address</p> <p>Chase Sapphire Po Box 1423 Charlotte, NC, 28201</p> <p>Date or dates debt was incurred <u>12/01/2018</u></p> <p>Last 4 digits of account number <u>5139</u></p>	<p>As of the petition filing date, the claim is: <u>\$ 34,057.12</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Credit Card Debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3. ¹⁸ Nonpriority creditor's name and mailing address</p> <p>Corporate Turnaround 95 State Route 17 Paramus, NJ, 07652</p> <p>Date or dates debt was incurred <u>12/01/2022</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 484,185.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Promised to help pay creditors</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3. ¹⁹ Nonpriority creditor's name and mailing address</p> <p>Cq Partners Po Box 347996 Pittsburgh, PA, 15251</p> <p>Date or dates debt was incurred <u>12/01/2018</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 715,558.93</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Suppliers or Vendors</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3. ²⁰ Nonpriority creditor's name and mailing address</p> <p>De Lange Landen Po Box 41602 Philadelphia, PA, 19101</p> <p>Date or dates debt was incurred <u>12/01/2018</u></p> <p>Last 4 digits of account number <u>1235</u></p>	<p>As of the petition filing date, the claim is: <u>\$ 1,212.35</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Suppliers or Vendors</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3. ²¹ Nonpriority creditor's name and mailing address</p> <p>Discover Card Po Box 70176 Philadelphia, PA, 19176</p> <p>Date or dates debt was incurred <u>12/01/2018</u></p> <p>Last 4 digits of account number <u>5761</u></p>	<p>As of the petition filing date, the claim is: <u>\$ 1,622.22</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Credit Card Debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ²²	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 187,050.00
Elevation Capital Group c/o Aubrey Thrasher 12 Powder Spring Street, Suite 240 Marietta, GA, 30064		Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Monies Loaned / Advanced	
Date or dates debt was incurred 06/04/2021		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3. ²³	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 597.67
Employees Perfered Insurance 26000 Cannon Road Cleveland, OH, 44146		Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Services	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number 8603		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁴	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 16,032.73
Everest Business Systems 102 W 38th Street 6th Floor New York, NY, 10018		Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Monies Loaned / Advanced	
Date or dates debt was incurred 07/28/2021		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁵	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 3,000.00
Fundamental 100 Garden City Plaza Suite 410 Garden City, NJ, 11530		Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Monies Loaned / Advanced	
Date or dates debt was incurred 09/13/2021		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁶	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 4,793.58
Great American Financial Services Po Box 660831 Dallas, TX, 75266		Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Suppliers or Vendors	
Date or dates debt was incurred 12/01/2018		Is the claim subject to offset?	
Last 4 digits of account number 017		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3. ²⁷	Nonpriority creditor's name and mailing address Gsci Securities Group 404 Walnut Ave Williamstown, NJ, 08094 Date or dates debt was incurred <u>12/01/2018</u> Last 4 digits of account number <u>1290</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utility Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>212.19</u>
3. ²⁸	Nonpriority creditor's name and mailing address Henry Pereira Heating And Cooling Po Box 328 Vineland, NJ, 08362 Date or dates debt was incurred <u>04/15/2022</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>674.73</u>
3. ²⁹	Nonpriority creditor's name and mailing address J & A Holdings LLC 502 Sheppard Rd Voorhees, NJ, 08043 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Office Rent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>Unknown</u>
3. ³⁰	Nonpriority creditor's name and mailing address Jonathan S. Ayes 17 Acorn Hill Drive Voorhees, NJ, 08043 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Monies Loaned / Advanced Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>472,273.00</u>
3. ³¹	Nonpriority creditor's name and mailing address Jonathan S. Ayes 17 Acorn Hill Drive Voorhees, NJ, 08043 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>Undetermined</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ³²	Nonpriority creditor's name and mailing address Lethbridge Properties 600 N. Atlantic Ave Unit 205 Collingswood, NJ, 08108	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 29,000.00
	Date or dates debt was incurred 12/01/2018	Basis for the claim: Rent To Previous Landlord	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³³	Nonpriority creditor's name and mailing address Level Nine Architects 3060 W Efferson Street Philadelphia, PA, 19121	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,000.00
	Date or dates debt was incurred 12/01/2022	Basis for the claim: Services	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³⁴	Nonpriority creditor's name and mailing address Lexus Visa Po Box 650964 Dallas, TX, 75265	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 9,590.42
	Date or dates debt was incurred 03/01/2010	Basis for the claim: Credit Card Debt	
	Last 4 digits of account number 4284	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³⁵	Nonpriority creditor's name and mailing address Lg Funding c/o Joe Lieberman Po Box 356 Cederhurst, NY, 11516	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 70,186.01
	Date or dates debt was incurred 06/18/2021	Basis for the claim: Monies Loaned / Advanced	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³⁶	Nonpriority creditor's name and mailing address Marriott Bonvoy Po Box 1423 Charlotte, NC, 28201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 26,681.30
	Date or dates debt was incurred 12/01/2018	Basis for the claim: Credit Card Debt	
	Last 4 digits of account number 5073	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ³⁷	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 1,788.96
Maverick Bankcard c/o Caine & Weiner 12005 Ford Road, Suite 300 Dallas, TX, 75234		Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Collection Agency	
Date or dates debt was incurred 12/01/2018		Is the claim subject to offset?	
Last 4 digits of account number 1967		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³⁸	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 1,636.97
Mg Development 187 36th Street Pittsburg, PA, 15201		Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Suppliers or Vendors	
Date or dates debt was incurred 12/01/2018		Is the claim subject to offset?	
Last 4 digits of account number Cu00		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³⁹	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 2,336.16
Midlantic Technologie Group 3333 N. Kennioch Ave Arlington Heights, NJ, 6004		Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Suppliers or Vendors	
Date or dates debt was incurred 12/01/2018		Is the claim subject to offset?	
Last 4 digits of account number Ahh5		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁰	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 44,404.50
New Co Capital Group c/o Ariel Bouskila 80 Broad Street, Suite 3303 New York, NY, 10004		Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Monies Loaned / Advanced	
Date or dates debt was incurred 08/16/2021		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴¹	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 37,899.03
Parkview Advance c/o Erica Gilerman 515 Madison Ave, Suite 8108 New York, NY, 10022		Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Monies Loaned / Advanced	
Date or dates debt was incurred 05/06/2022		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁴² Nonpriority creditor's name and mailing address Pnc (Loc) Po Box 747032 Pittsburgh, PA, 15274	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unsecured Loan Repayments Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred <u>01/19/2019</u> Last 4 digits of account number <u>4970</u>	\$ 51,212.90
3. ⁴³ Nonpriority creditor's name and mailing address Pnc (Construction Loan) Po Box 747066 Pittsburgh, PA, 15274	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Construction Loan Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred <u>12/01/2021</u> Last 4 digits of account number <u>5368</u>	\$ 28,759.08
3. ⁴⁴ Nonpriority creditor's name and mailing address Pnc Cash Rewards Visa Po Box 71335 Philadelphia, PA, 19176	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred <u>12/01/2018</u> Last 4 digits of account number <u>4700</u>	\$ 1,936.00
3. ⁴⁵ Nonpriority creditor's name and mailing address Pnc Sigtune Visa Po Box 71355 Philadelphia, PA, 17176	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred <u>12/01/2018</u> Last 4 digits of account number <u>4899</u>	\$ 5,550.00
3. ⁴⁶ Nonpriority creditor's name and mailing address Pseg Po Box 14444 New Brunswick, NJ, 08906	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utility Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number <u>2601</u>	\$ 1,241.60

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁴⁷	Nonpriority creditor's name and mailing address Roc Advertising Po Box 340353 Sacramento, CA, 95834	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors	\$ 3,439.80
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁸	Nonpriority creditor's name and mailing address Roc Funding Group c/o Heitner & Breitstein 198 US 9 , Suite 207 Manalpan, NJ, 07726	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Monies Loaned / Advanced	\$ 228,034.04
	Date or dates debt was incurred <u>10/18/2021</u> Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁹	Nonpriority creditor's name and mailing address Ruotolo Spewak 101 Chestnut Ave Mt Laurel, NJ, 08054	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services	\$ 1,730.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁰	Nonpriority creditor's name and mailing address South Jersey Magazine 110 Center Blvd Marlton, NJ, 08053	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Collection Agency	\$ 3,046.00
	Date or dates debt was incurred <u>02/21/2022</u> Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵¹	Nonpriority creditor's name and mailing address South West Visa Po Box 1423 Charlotte , NC, 28201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 8,143.95
	Date or dates debt was incurred <u>12/01/2018</u> Last 4 digits of account number <u>0883</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁵²	Nonpriority creditor's name and mailing address Starkey Po Box 856915 Minneapolis , MN, 55485	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred 12/01/2018 Last 4 digits of account number	\$ 18,455.65
3. ⁵³	Nonpriority creditor's name and mailing address Surburban Family 110 Center Blvd Marlton, NJ, 08053	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Collection Agency Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred 02/25/2022 Last 4 digits of account number	\$ 2,501.00
3. ⁵⁴	Nonpriority creditor's name and mailing address Toyota Visa Po Box 650964 Dallas , TX, 75265	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred 12/01/2018 Last 4 digits of account number 8904	\$ 27,743.25
3. ⁵⁵	Nonpriority creditor's name and mailing address U.S. Small Business Administration 409 3rd St, Sw Washington, DC, 20416	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Sba Loan Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred 03/30/2022 Last 4 digits of account number 9108	\$ 500,000.00
3. ⁵⁶	Nonpriority creditor's name and mailing address Wb Mason Po Box 981101 Boston, MA, 02298	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred Last 4 digits of account number	\$ 1,626.75

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁵⁷ Nonpriority creditor's name and mailing address

Wells Fargo Visa Signature
Po Box 77053

Minneapolis, MN, 55480

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 9,886.63

Basis for the claim: Credit Card Debt

Date or dates debt was incurred

12/01/2018

Last 4 digits of account number

2919

Is the claim subject to offset?

- ☒ No
☐ Yes

3. ⁵⁸ Nonpriority creditor's name and mailing address

World Bank Of Israel
150 Clearbrook Rd,
Suite 125
Elmsford, AK, 10523

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 111,186.49

Basis for the claim: Mortgage

Date or dates debt was incurred

03/28/2022

Last 4 digits of account number

4783

Is the claim subject to offset?

- ☒ No
☐ Yes

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1**

5a.

\$ 0.00

5b. **Total claims from Part 2**

5b.

+

\$ 3,403,637.17

5c. **Total of Parts 1 and 2**

5c.

\$ 3,403,637.17

Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Debtor name Hearing Associates LLC

United States Bankruptcy Court for the: District of New Jersey

Case number (if known): _____ Chapter 11

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2. List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.1	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>502 Sheppard Road</p> <p>J & A Holdings LLC</p> <p>502 Sheppard Rd</p> <p>Voorhees, NJ, 08043</p>
2.2	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	
2.3	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	
2.4	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	
2.5	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	

Fill in this information to identify the case:

Debtor name Hearing Associates LLC

United States Bankruptcy Court for the: District of New Jersey

Case number (If known): _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 Jonathan S. Ayes	17 Acorn Hill Road Voorhees, NJ 08043	Oticon Inc	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name Hearing Associates LLC
 United States Bankruptcy Court for the: District of New Jersey
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From _____ to Filing date
MM / DD / YYYY

☐ Operating a business
☐ Other

\$ 831,954.80

For prior year:

From _____ to _____
MM / DD / YYYY MM / DD / YYYY

☐ Operating a business
☐ Other

\$ 2,522,378.00

For the year before that:

From _____ to _____
MM / DD / YYYY MM / DD / YYYY

☐ Operating a business
☐ Other

\$ 1,702,511.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From _____ to Filing date
MM / DD / YYYY

_____ \$ _____

For prior year:

From _____ to _____
MM / DD / YYYY MM / DD / YYYY

_____ \$ _____

For the year before that:

From _____ to _____
MM / DD / YYYY MM / DD / YYYY

_____ \$ _____

Debtor Hearing Associates LLC Case number (if known) _____
 Name _____

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/23 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. _____ Creditor's name		\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. _____ Creditor's name		\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. _____ Insider's name	_____ _____ _____	\$ _____	
Relationship to debtor _____			
4.2. _____ Insider's name	_____ _____ _____	\$ _____	
Relationship to debtor _____			

Debtor Hearing Associates LLC
Name

Case number (if known) _____

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

	Creditor's name and address	Description of the property	Date	Value of property
5.1.	_____ Creditor's name		_____	\$ _____
5.2.	_____ Creditor's name		_____	\$ _____

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
_____ Creditor's name		_____	\$ _____

Last 4 digits of account number: XXXX- _____

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None

	Case title	Nature of case	Court or agency's name and address	Status of case
7.1.	_____ Case number			<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	_____ Case title		_____ Court or agency's name and address	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	_____ Case number			

Debtor Hearing Associates LLC
Name _____

Case number (if known) _____

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
_____	_____	\$ _____
Custodian's name	Case title	Court name and address
_____	_____	_____
Case number	Name	_____
_____	Date of order or assignment	_____
_____	_____	_____

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. _____	_____	_____	\$ _____
Recipient's name	_____	_____	\$ _____
Recipient's relationship to debtor	_____	_____	\$ _____
_____	_____	_____	\$ _____
9.2. _____	_____	_____	\$ _____
Recipient's name	_____	_____	\$ _____
Recipient's relationship to debtor	_____	_____	\$ _____
_____	_____	_____	\$ _____

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost
_____	_____	_____	\$ _____

Debtor Hearing Associates LLC Case number (if known) _____
 Name _____

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☒ None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1. _____ Address _____		_____	\$ _____

Email or website address _____

Who made the payment, if not debtor? _____

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2. _____ Address _____		_____	\$ _____

Email or website address _____

Who made the payment, if not debtor? _____

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
 Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
_____		_____	\$ _____
Trustee _____			

Debtor Hearing Associates LLC
Name

Case number (if known) _____

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____		_____	\$ _____
Address _____			
Relationship to debtor _____			
13.2. _____		_____	\$ _____
Address _____			
Relationship to debtor _____			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy	
	From	To
14.1. _____	_____	_____
14.2. _____	_____	_____

Debtor Hearing Associates LLC Case number (if known) _____
 Name _____

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.1. _____
 Facility name _____

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☐ Electronically
☐ Paper

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.2. _____
 Facility name _____

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☐ Electronically
☐ Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
☒ Yes. State the nature of the information collected and retained. _____

Does the debtor have a privacy policy about that information?

- ☒ No
☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
 Yes. Does the debtor serve as plan administrator?

- ☐ No. Go to Part 10.
☐ Yes. Fill in below:

Name of plan	Employer identification number of the plan
_____	EIN: _____

Has the plan been terminated?

- ☐ No
☐ Yes

☒ No

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
<div> <div></div> <div>Name</div> </div>	<div> <div></div> <div>Name</div> </div>		<div> <div></div> <div></div> </div>

☐ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.3. _____ Name		EIN: _____ Dates business existed From _____ To _____

Debtor Hearing Associates LLC Case number (if known) _____
Name

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☒ None

Name and address

Dates of service

26a.1.

Name

From _____

To _____

Name and address

Dates of service

26a.2.

Name

From _____

To _____

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

Name and address

Dates of service

26b.1.

Name

From _____

To _____

Name and address

Dates of service

26b.2.

Name

From _____

To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address

If any books of account and records are unavailable, explain why

26c.1.

Name

Debtor Hearing Associates LLC Case number (if known) _____
Name

Name and address

If any books of account and records are unavailable, explain why

26c.2.

Name

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

26d.1.

Name

Name and address

26d.2.

Name

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

**Date of
inventory**

**The dollar amount and basis (cost, market, or
other basis) of each inventory**

Name

Date

\$ _____

Name and address of the person who has possession of inventory records

27.1.

Name

Debtor Hearing Associates LLC Case number (if known) _____
Name

Name of the person who supervised the taking of the inventory

Date of
inventory

The dollar amount and basis (cost, market, or
other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.2.

Name _____

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
------	---------	-------------------------------------	-----------------------

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
------	---------	--	--

_____ To _____

_____ To _____

_____ To _____

_____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No

☐ Yes. Identify below.

Name and address of recipient

Amount of money or description
and value of property

Dates

Reason for providing
the value

30.1.

Name _____

Relationship to debtor _____

Debtor Hearing Associates LLC
Name _____ Case number (if known) _____

Name and address of recipient

30.2

Name _____

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

_____ EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

_____ EIN: _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/15/2023
MM / DD / YYYY

X /s/ Jonathan S. Ayes _____ Printed name Jonathan S. Ayes

Signature of individual signing on behalf of the debtor

Position or relationship to debtor Owner

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

Fill in this information to identify the case and this filing:

Debtor Name Hearing Associates LLC
United States Bankruptcy Court for the: District of New Jersey
Case number (If known): _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/15/2023
MM / DD / YYYY

X /s/ Jonathan S. Ayes
Signature of individual signing on behalf of debtor

Jonathan S. Ayes

Printed name

Owner

Position or relationship to debtor

United States Bankruptcy Court
District of New Jersey

In re: Hearing Associates LLC

Case No.

Chapter 11

Debtor(s)

Verification of Creditor Matrix

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 08/15/2023

/s/ Jonathan S. Ayes

Signature of Individual signing on behalf of debtor

Owner

Position or relationship to debtor

5 G Funding
c/o The Law Office Of Tara Pomarelli
30 Wall Street, 8th Floor
New York, NY 10005

Best Buy
Po Box 70601
Philadelphia, PA 19176

Ad Corp Media Group
505 White Plans Road
Suite 218
Tarrytown, NY 10591

Best Version Media (Transworld System Inc)
Po Box 505
Brrokfield, WI 53008

Advocare Arthritis Osteoporosis & Rheumatolog
513 Centennial Blvd.
Voorhees, NJ 08043

Capital One Spark (Green)
Po Box 4069
Carol Stream , IL 60197

All In Marketing
169 Country Club Drive
Lumberton, NJ 08048

Capital One Spark (Blue)
Po Box 4069
Carol Stream , IL 60197

American Airlines
Po Box 70602
Philadelphia, PA 19176

Cash By You
c/o Kershner Sledziewski Law
200 N. La Salle Street, Suite 1550
Chicago, IL 60601

American Airlines Visa
Citi Cards
Po Box 9001037
Louisville, KY 40290

Chase Sapphire
Po Box 1423
Charlotte, NC 28201

Andrea Ayes
17 Acorn Hill Drive
Voorhees, NJ 08043

Corporate Turnaround
95 State Route 17
Paramus, NJ 07652

Audacy
2400 Market Street
4th Floor
Philadelphia , PA 19103

Cq Partners
Po Box 347996
Pittsburgh, PA 15251

Avion Funding
c/o David Fogel
1225 Franklin Ave, Suite 522
Garden City, NY 11530

De Lange Landen
Po Box 41602
Philadelphia, PA 19101

Bank Of America
Po Box 15019
Wilmington, DE 19886

Discover Card
Po Box 70176
Philadelphia, PA 19176

Basha Rainbow (Rainbow Advance)
3440 Hollywood Blvd
Suite 415
Hollywood, FL 33021

Elevation Capital Group
c/o Aubrey Thrasher
12 Powder Spring Street, Suite 240
Marietta , GA 30064

Employees Perfered Insurance
26000 Cannon Road
Cleveland, OH 44146

Everest Business Systems
102 W 38th Street
6th Floor
New York, NY 10018

Lg Funding
c/o Joe Lieberman
Po Box 356
Cedarhurst, NY 11516

Fundamental
100 Garden City Plaza
Suite 410
Garden City , NJ 11530

Marriott Bonvoy
Po Box 1423
Charlotte, NC 28201

Great American Financial Services
Po Box 660831
Dallas, TX 75266

Maverick Bankcard
c/o Caine & Weiner
12005 Ford Road, Suite 300
Dallas , TX 75234

Gsci Securities Group
404 Walnut Ave
Williamstown, NJ 08094

Mg Development
187 36th Street
Pittsburg, PA 15201

Henry Pereira Heating And Cooling
Po Box 328
Vineland, NJ 08362

Midlantic Technologie Group
3333 N. Kennioch Ave
Arlington Heights, NJ 6004

Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101-7346

New Co Capital Group
c/o Ariel Bouskila
80 Broad Street, Suite 3303
New York, NY 10004

J & A Holdings LLC
502 Sheppard Rd
Voorhees, NJ 08043

Oticon Inc
580 Howard Ave
Po Bx 6724
Somerset, NJ 08875

Jonathan S. Ayes
17 Acorn Hill Drive
Voorhees, NJ 08043

Parkview Advance
c/o Erica Gilerman
515 Madison Ave, Suite 8108
New York, NY 10022

Jonathan S. Ayes
17 Acorn Hill Road
Voorhees, NJ 08043

Pnc (Loc)
Po Box 747032
Pittsburgh, PA 15274

Lethbridge Properties
600 N. Atlantic Ave
Unit 205
Collingswood, NJ 08108

Pnc (Construction Loan)
Po Box 747066
Pittsburgh, PA 15274

Level Nine Architects
3060 W Efferson Street
Philadelphia, PA 19121

Pnc Cash Rewards Visa
Po Box 71335
Philadelphia, PA 19176

Lexus Visa
Po Box 650964
Dallas, TX 75265

Pnc Signture Visa
Po Box 71355
Philadelphia, PA 17176

Wb Mason
Po Box 981101
Boston, MA 02298

Pseg
Po Box 14444
New Brunswick, NJ 08906

Wells Fargo Visa Signture
Po Box 77053
Minneapolis, MN 55480

Roc Advertising
Po Box 340353
Sacramento, CA 95834

World Bank Of Israel
150 Clearbrook Rd,
Suite 125

Roc Funding Group
c/o Heitner & Breitstein
198 US 9 , Suite 207
Manalpan, NJ 07726

Ruotolo Spewak
101 Chestnut Ave
Mt Laurel, NJ 08054

South Jersey Magazine
110 Center Blvd
Marlton, NJ 08053

South West Visa
Po Box 1423
Charlotte , NC 28201

Starkey
Po Box 856915
Minneapolis , MN 55485

State Of New Jersey
Department Of Labor
PO Box 951
Trenton, NJ 08625-0000

Surburban Family
110 Center Blvd
Marlton, NJ 08053

Toyota Visa
Po Box 650964
Dallas , TX 75265

U.S. Small Business Administration
409 3rd St, Sw
Washington, DC 20416

United States Bankruptcy Court

District of New Jersey

In re Hearing Associates LLC

Case No. _____

Debtor

Chapter ¹¹ _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

☐ FLAT FEE

For legal services, I have agreed to accept \$ _____

Prior to the filing of this statement I have received. \$ _____

Balance Due. \$ _____

☒ RETAINER

For legal services, I have agreed to accept a retainer of \$ ^{4,000.00} _____

The undersigned shall bill against the retainer at an hourly rate of \$ ^{400.00} _____

[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d. [Other provisions as needed]

- (a) Advising the Client with respect to its powers and duties in the continued management and operation of its business as debtor-in-possession, including the rights and remedies of the Debtor with respect to its assets and claims and with respect to the claims of creditors.
- (b) Advising the Client with respect to preparing and obtaining approval of its Disclosure Statement and Plan.
- (c) Preparing on behalf of the Client, as debtor-in-possession, necessary applications, motions, complaints, answers, orders, reports and other pleadings and documents.
- (d) Appearing before this Court and other officials and tribunals, if necessary, and protecting the interests of the Client in federal, state and foreign jurisdictions and administrative proceedings.
- (e) Negotiating and preparing documents relating to the liquidation and disposition of assets, as requested by the Client.
- (f) Advising the Client concerning the day-to-day operations of its business in conjunction with the administration of his estate as debtor-in-possession.
- (g) Performing such other legal services for the Client, as debtor-in-possession, as may be necessary and appropriate herein.
- (h) Provide general guidance in connection with the proceeding.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

08/15/2023

/s/ Robert Johnson, NJ - 0077

Date

Signature of Attorney

ROBERT H JOHNSON LLC

Name of law firm
1818 Old Cuthbert Road
Suite 107
CHERRY HILL, NJ 08034